

SPECIAL REPORT

# L.E.K. Consulting's 2022 Annual US Hospital Study: Navigating Out of the Pandemic



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**About L.E.K. Consulting**

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# Executive summary

Today, hospitals face different challenges than they did in the 2010s. In the 2010s, health systems, specifically more progressive organizations, continued to achieve larger scale through growth and consolidation, made possible by foundational investments in healthcare IT, data capture and analytics.

As we approached the end of that decade, there was a large shift in focus toward value-based care. Subsequently, some hospitals adapted and made significant investments in new models, continuing to grow capabilities in data and analytics-driven healthcare delivery and shifting care toward non-acute settings.

## COVID-19 and continued growth

Entering the 2020s, hospitals and health systems expected to continue investing in these growth areas. However, events in the past few years, starting with the COVID-19 pandemic, have had a dramatic impact on the long-term trajectory and short-term priorities of health systems.

## Additional catalysts for change

The pandemic influenced nearly every aspect of care delivery. The struggle to recruit and retain staff, unreliable access to critical medical-surgical products because of supply chain issues, and infection control challenges in hospitals all raised questions around patient access and the quality and cost of care.

On top of that, hospitals now face challenges as they navigate the uncertainties of today's inflationary environment, the potential of an economic downturn and continued global supply chain issues. The rapid pace of change within the U.S. healthcare system has been influenced by these economic conditions and pressures, forcing hospitals and health systems to become more agile, collaborative and resilient.

# Key findings

All of these catalysts have informed the following key findings of L.E.K. Consulting's 2022 Annual U.S. Hospital Study:

1. Hospitals continue to focus on key operational needs, specifically on staffing and the repercussions of inflation, which have become predominant new priorities
2. Hospitals anticipate significant spending increases due to slowed spending during COVID-19 in many areas, combined with increased labor and supply costs, leading to a search for new revenue streams (e.g., specialty pharmacy) to offset cost increases
3. Supply chain cost containment continues to be an area of focus, with renewed emphasis on the strategic importance of the supply chain function
4. Consolidation continues, albeit at a slower pace as hospitals shift focus back to optimizing their current operations rather than pursuing acquisitions
5. Hospitals continue to invest in digital health (particularly telehealth and remote care) to support the changing patient engagement models and to enhance operational efficiency
6. The emphasis on leveraging support from supplier partners increases as hospitals navigate the challenges listed above

## **1. Hospitals continue to focus on key operational needs, specifically on staffing and the repercussions of inflation, which have become predominant new priorities**

Hospital administrators report a range of strategic priorities for their institutions in this year's survey, but the most important are clearly quality of care and staffing (see Figure 1). Quality of care metrics (e.g., medical error rates, patient satisfaction, quality of care scores, readmission rates) have always been priorities for administrators given their centrality to the provider mission and their direct impact on financials, but the prominence of issues with staffing has become particularly acute since the beginning of the pandemic.

Staff turnover and burnout-related retention were already a problem for the U.S. healthcare system prior to COVID-19, especially among nurses, but the problem has only become more pronounced since 2020. Now, already understaffed teams are being forced to work longer hours under more exhausting conditions, causing a cycle of further burnout and retention issues.

**Figure 1**

Importance of strategic priorities for hospitals and health systems in 2022\*

Percentage of all respondents who answered 6 or 7 out of 7, where "7" means "very important" (N=238)\*\*

Highest priority		Higher priority		Moderate priority	
Attraction/retention of nurses	86	Workflow optimization	70	Remote patient monitoring	57
Patient satisfaction	85	Clinical data connectivity/ decision support tool	68	Predictive analytics	52
Reduced medical errors	83	Reduced total cost of ownership of equipment and supplies	67	Participation in other value-based arrangements	50
Quality metrics	81	Clinical workflow efficiency tools	66	AI for clinical use	49
Attraction/retention of physicians	80	New therapeutic technologies	65	Participation in ACOs	49
Cost-effective contracting/purchasing	76	Differentiation of hospital	64	AI for nonclinical use	49
EMR integration across acute and non-acute	76	<b>Flexible staffing and options to outsource</b> ★	63	<div> <p>Since the survey was fielded, hospitals are also feeling the impacts of inflation, and it is quickly becoming a top priority</p> </div>	
Infection control	76	<b>Telehealth</b> ★	63		
Attraction/retention of nonclinical staff	76	Patient-facing technology	61		
Reduced readmission rates	74	Access to capital	60		
Standardization of best practices	73	Antimicrobial stewardship	60		
<b>Revenue cycle mgmt./coding</b> ★	72	Change management and process improvement	59		
		Standardization of products	58		

● Quality of care
● Tech/digital health
● Operations/purchasing/  
value-based care
● Staffing
★ Meaningful percentage  
change (>2.5%) from 2019

\*Survey question: How important are each of the following strategic priorities for your [hospital/health system] today? Scale: 1-7, where "1" means "not at all important" and "7" means "very important?"

\*\*Respondents who answered "I don't know" were included in N above but excluded from the analysis (0-1 respondent per priority)

Note: EMR=electronic medical records; AI=artificial intelligence; ACO=Accountable Care Organization

Source: L.E.K. 2022 U.S. Hospital Study Survey

In addition to staffing, inflation-led cost increases (without associated reimbursement increases to date) have more recently become a top strategic priority for hospital executives. Since our survey was fielded, qualitative feedback and conversations with healthcare leaders have shown that inflation has impacted the entire healthcare system. Hospitals are trying to navigate the uncertainties of input cost increases due to inflation (e.g., labor, supplies) and the margin pressures this is creating (on top of already tenuous margin positions both coming into and out of COVID-19).

While some upstream suppliers (e.g., raw materials suppliers, contract manufacturing organizations (CMOs)) have implemented clauses to allow price increases in their contracts with suppliers, many suppliers are uncertain about passing those price increases on to hospitals. Supply chain professionals and executives surveyed

indicated that close to 40% of their suppliers have altered contracts to allow for price increases, and more are having conversations on the topic. Combating inflation by minimizing costs continues to be a key priority for hospitals this year.

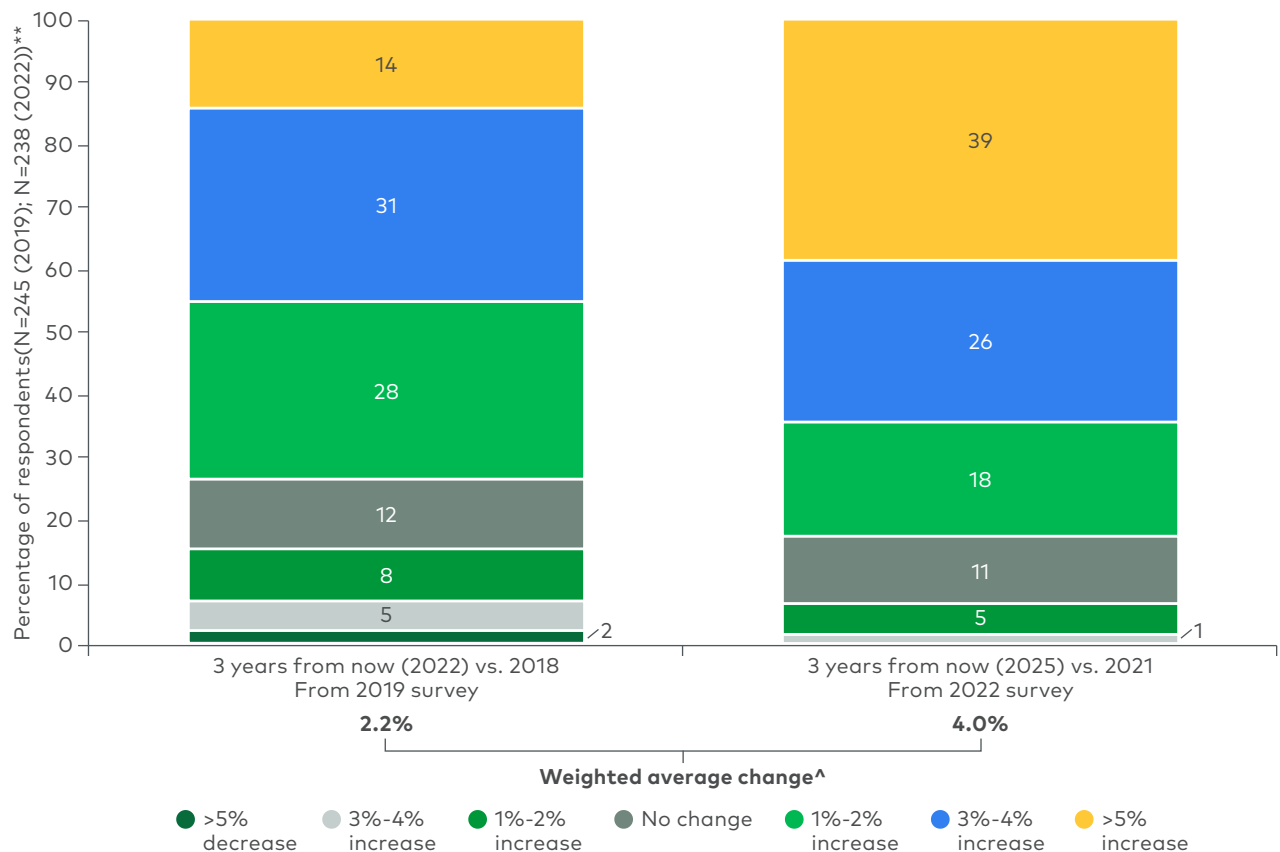
## 2. Hospitals anticipate significant spending increases due to slowed spending during COVID-19 in many areas, combined with increased labor and supply costs, leading to a search for new revenue streams (e.g., specialty pharmacy) to offset cost increases

Hospital administrators expect their spending to increase in the next few years.

Nearly 85% of respondents anticipate some growth in spending and ~40% estimate increases of 5% or more (see Figure 2).

**Figure 2**

Hospital/health system forward-looking spend sentiment\*



\*Survey question: Compared to 2021, how did/will your total annual spend on operational and capital expenditures change in 2020, in 2022, and in 3 years (2025)?

\*\*Respondents who answered "I don't know" were included in N above but excluded from the analysis (e.g., 10 respondents in 2022)

^A 7.5% increase is assumed for "significant increase" respondents

Source: L.E.K. 2019 and 2022 U.S. Hospital Study Surveys

While there are multiple drivers of these expectations, the most significant are ongoing increases in staffing costs (due to supply shortages and growing competition for talent), a backlog of spending on some products (e.g., capital equipment) that was deferred at the height of the pandemic, and the impact of inflation. Staffing is one of the most pressing spending challenges. Staffing shortages are not only immediately disruptive to day-to-day hospital operations, but they also have a significant impact on a hospital's bottom line, with the cost of turnover of a single clinical nurse estimated at \$40K-\$64K.<sup>1</sup> Staffing shortages show no signs of abating, and hospital administrators anticipate that their spending will reflect this mismatch between demand and supply for the foreseeable future.<sup>2</sup>

To navigate the rapidly changing healthcare landscape and address the multifaceted financial challenges, hospitals are looking for incremental revenue sources with increasing urgency. During the pandemic, hospitals faced well-documented revenue shortfalls<sup>3</sup> caused by reductions in elective procedures and lower patient volumes, which have been compounded by necessary investments in digital infrastructure to meet the demands of telehealth and increased personnel costs due to staffing shortages across clinician types.

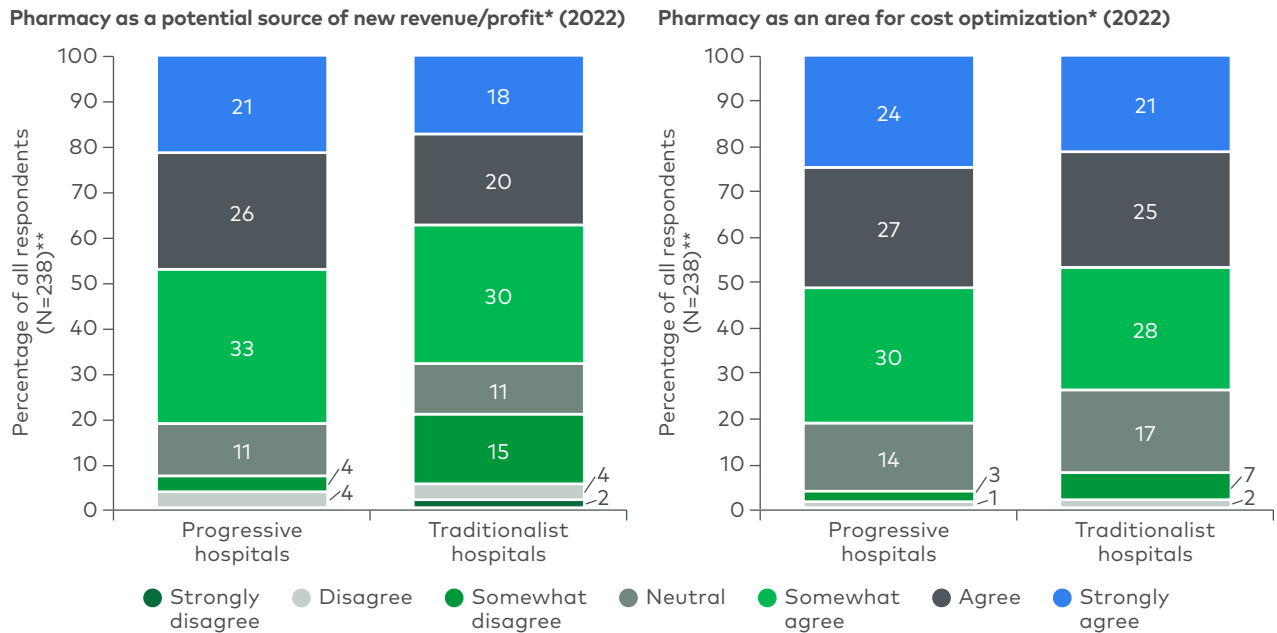
To address these issues, hospital leaders are exploring multiple avenues, including pursuing inorganic growth, partnering with physician practices, offering more outpatient services and expanding the breadth of their pharmacy services (e.g., specialty pharmacies). Although historically viewed as a cost center, pharmacy is increasingly perceived as a revenue opportunity (see Figure 3). For example, hospitals are exploring ways to bring specialty pharmacy in-house to capture the higher per-script fill revenue as well as earn fees related to value-add services, which can be provided more easily by hospitals due to their existing pharmacy infrastructure and clinical staff. Working in pharmacy would require hospitals to compete with large national specialty pharmacies, most of which are owned by payers. Nevertheless, survey respondents report significant interest in pursuing pharmacy as a revenue opportunity.

### **3. Supply chain cost containment continues to be an area of focus, with renewed emphasis on the strategic importance of the supply chain function**

In addition to increasing revenues, hospitals are also continuing to focus on cost reduction, particularly in supply chain. Although pressure to reduce cost in the supply chain remains a high priority for hospital administrators, the perception of supply chains has changed dramatically over the past few years, prompting a reassessment

**Figure 3**

Hospital/health system views on pharmacy



\*Survey question: To what degree do you agree with the following statements regarding your [hospital/health system's] approach to its pharmacy? Our pharmacy is a potential source of new revenue/profit for our hospital/health system. Our pharmacy represents a meaningful cost center and an important area for optimization.

\*\*Respondents who answered "I don't know" were included in N above but excluded from the analysis (4-6 respondents per question)

Source: L.E.K. 2022 U.S. Hospital Study Survey

of supply chain operations and resiliency. The evolving capabilities are changing the perception of supply chain from a strictly cost containment mechanism to a truly strategic function.

- Supply chain operations.** Many hospitals are increasingly looking to bring in-house greater portions of supply chain operations, both to control costs and to increase their level of control of inventory availability and scheduling. According to the survey, ~50% of respondents report that their hospitals currently own or lease warehousing. While only ~45% of those hospitals with warehousing engage in self-distribution today, more are planning to develop this capability for acute and non-acute sites in the next three years (see Figure 4). In addition to warehousing and distribution, hospitals are investing in consolidated service centers (CSCs), with more than 25% of respondents stating that their institutions currently operate CSCs, and a further ~25% intend to develop this capability in the next three years.
- Resiliency programs.** The challenges over the past few years have increased the perceived importance of resiliency in the supply chain. Close to 75% of respondents

**Figure 4**

Hospital warehousing and self-distribution capabilities



\*Survey question: Please indicate whether your [hospital/health system] currently owns or leases warehousing for clinical and nonclinical supplies

\*\*Survey question: Which of the following supply chain capabilities does your [hospital/health system] currently have or plan to have?

\*\*\*Respondents who answered "I don't know" were included in N above but excluded from the analysis (7 respondents total)

^Only asked of supply chain mgmt./executives who answered they currently own or lease warehousing

Note: 3PL=third-party logistics

Source: L.E.K. 2022 U.S. Hospital Study Survey

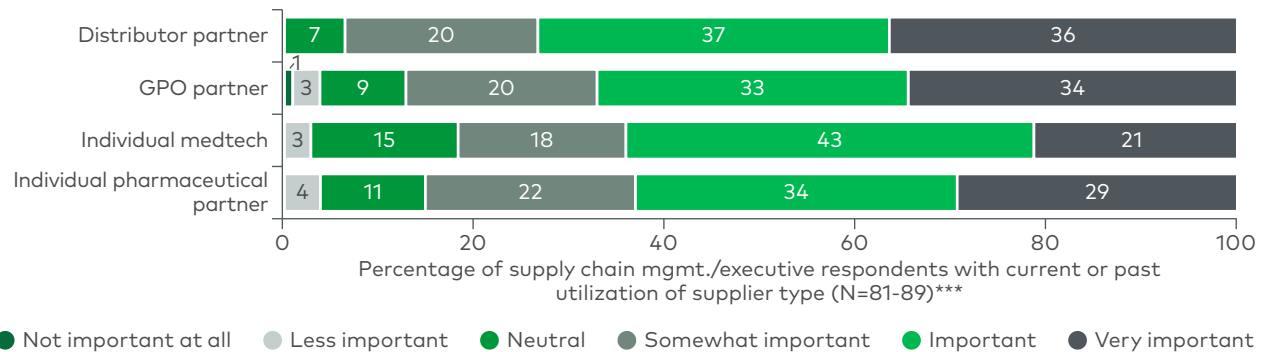
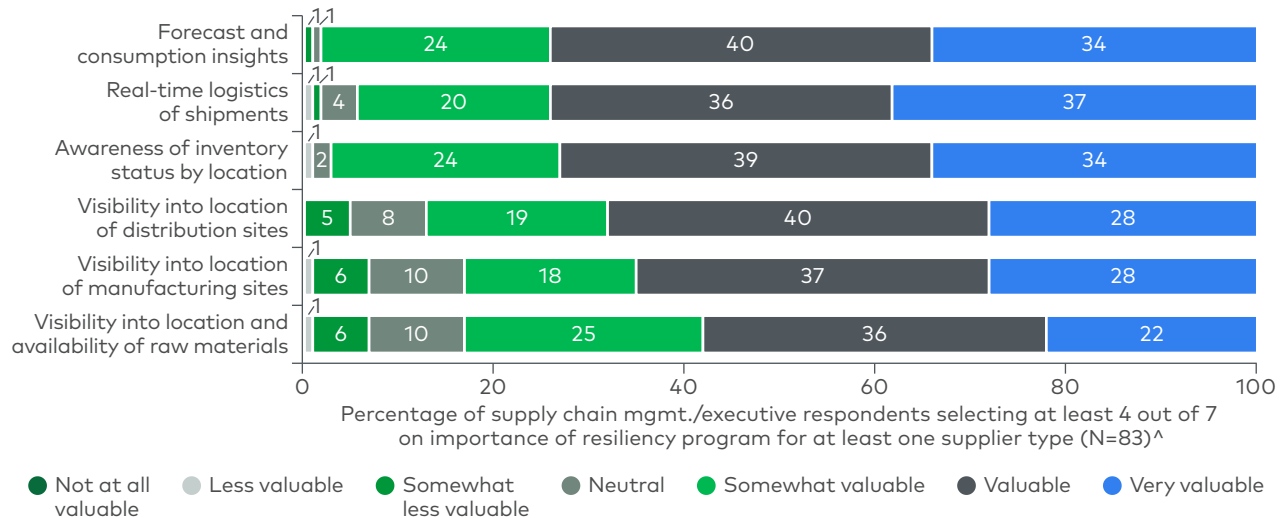
believe that resiliency programs are important for their distribution partners and ~65% state that the programs are a priority for individual medtech suppliers (see Figure 5). Health system and hospital supply chain leaders are particularly interested in the elements of resiliency programs that improve their ability to plan ahead and adapt to changing inventory levels. The most valuable components of partner resiliency programs are awareness of inventory status by location, consumption forecasts and real-time visibility of shipment locations.

#### 4. Consolidation continues, albeit at a slower pace as hospitals shift focus back to optimizing their current operations rather than pursuing acquisitions

Healthcare consolidation had been growing rapidly over the past decade, with deal volumes on the rise and peaking in 2017. However, since the pandemic, there has been a slowdown in deal volume as hospitals and health systems adjust their strategic

**Figure 5**

Importance of supplier resiliency programs

**Importance of offering a resiliency program by supplier type\* (2022)****Value of different components of partner supply chain resiliency programs\*\* (2022)**

\*Survey question: Please indicate the level of importance for your supply chain partners to have supply chain resiliency programs

\*\*Survey question: How valuable are each of the following aspects of a supply chain partner's supply chain resiliency program?

\*\*\*Respondents who answered "N/A – we do not use" were included in N above but excluded from the analysis (1-2 respondents per supplier type)

^Respondents who answered "I don't know" were included in N above but excluded from the analysis (0-1 respondent per component)

Note: GPO=group purchasing organization

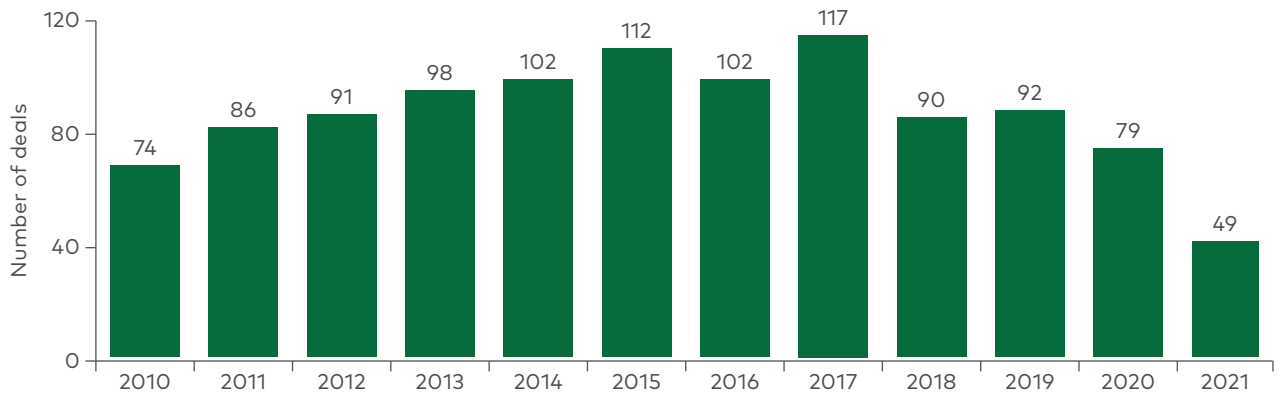
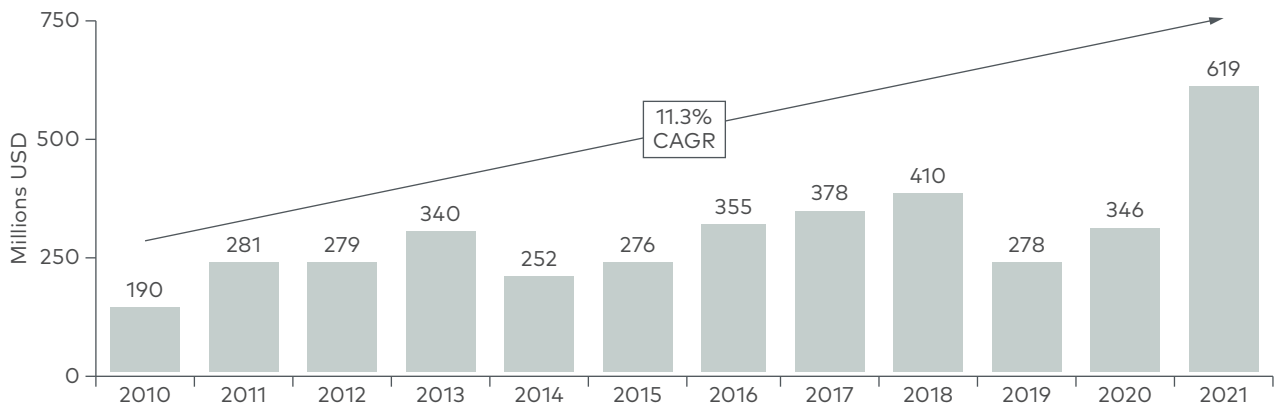
Source: L.E.K. 2022 U.S. Hospital Study Survey

focus to optimize their own organizations and operations (e.g., addressing staffing and supply chain challenges). The number of deals has declined by nearly 60% since 2017 (see Figure 6).

Despite the slowing pace of consolidation, large deals have already been reported this year at the health system level (e.g., Intermountain Healthcare, Piedmont Health), and some hospital executives express growing interest in acquiring both acute and non-acute care sites.

**Figure 6**

Hospital deal volumes and values

**Hospital mergers and acquisitions (2010-2021)****Acquired hospital revenue per transaction (2010-2021)**

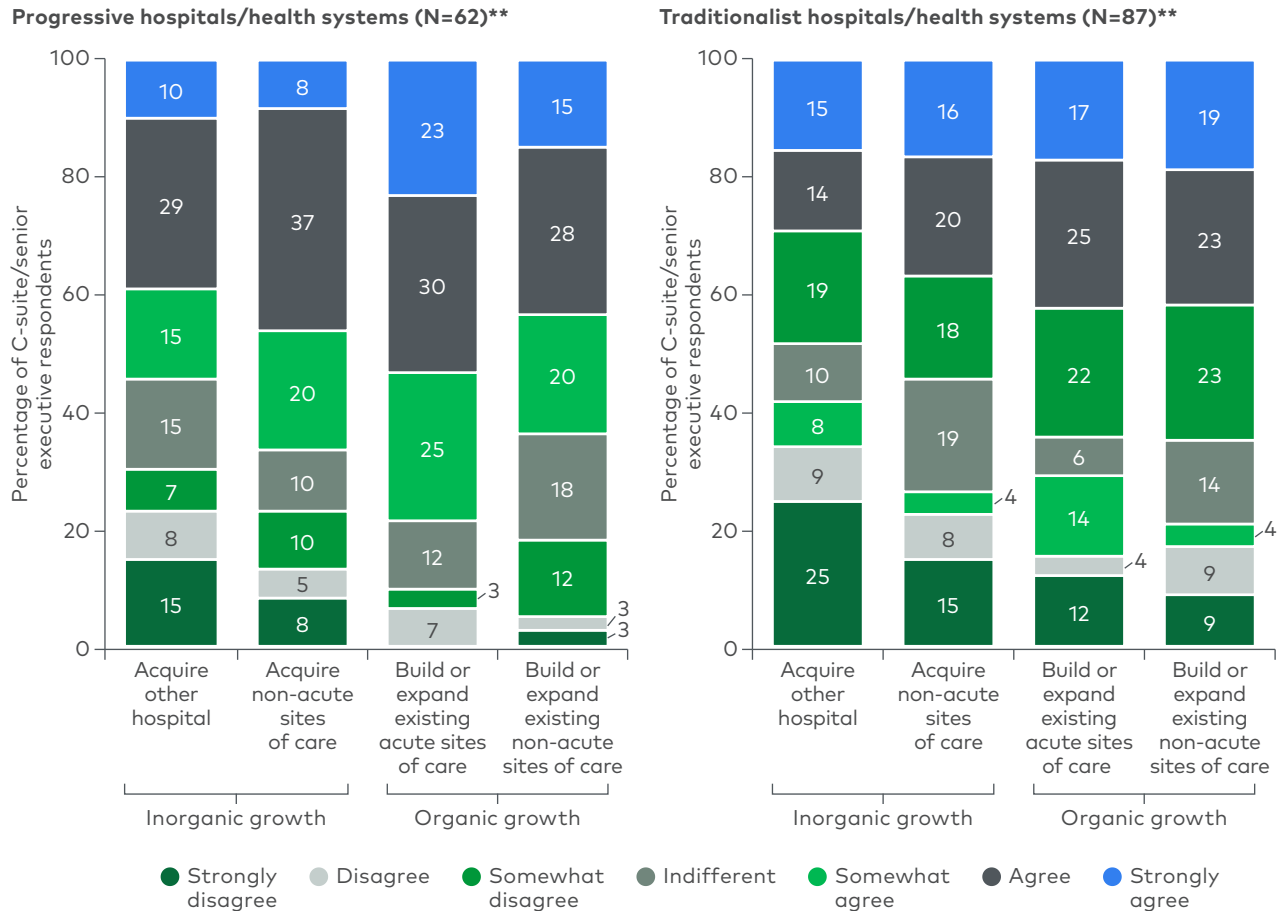
Note: CAGR=compound annual growth rate

Source: Kaufman Hall; L.E.K. research and analysis

The pandemic has left some organizations, mostly progressives, well positioned to make acquisitions and further weakened the financials of other organizations, which will likely be acquisition targets. Nonetheless, both progressives and traditionalists report that they continue to be interested in pursuing acquisitions of both non-acute care sites (e.g., specialty physician offices, ambulatory surgical centers, primary care practices) and acute care sites (see Figure 7), but interest is lower than its peak in 2018. In addition to inorganic growth, both progressives and traditionalists report continued emphasis on investing in organic growth. While acute care consolidation appears to be slowing, it is expected to remain as a way for hospitals to gain purchasing power, better control costs and, overall, reap the benefits of scale.

**Figure 7**

Planned expansion activities by hospitals/health systems\*



\*Survey question: Please rate the extent to which you agree or disagree with the following statements regarding your [hospital/health system's] planned activities over the next 3 years

\*\*Respondents who answered "I don't know" were included in N above but excluded from the analysis (2-3 progressives and 6-8 traditionalists per subquestion)

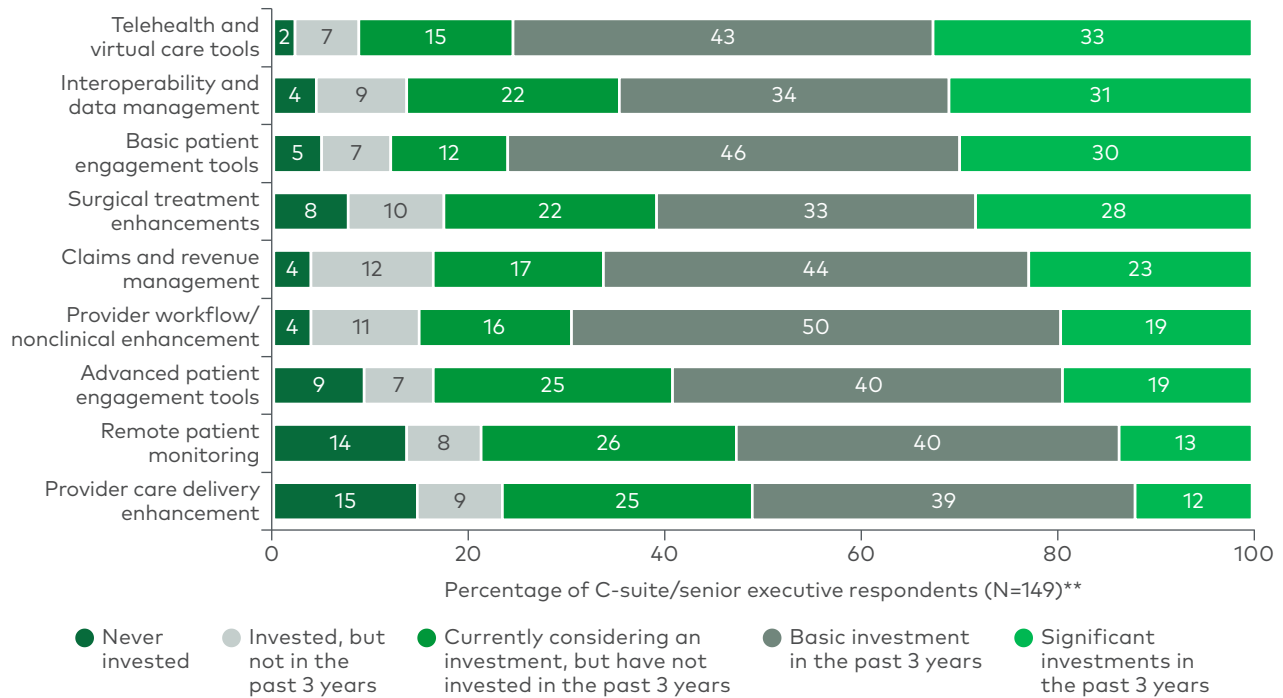
Source: L.E.K. 2022 U.S. Hospital Study Survey

## 5. Hospitals continue to invest in digital health (particularly telehealth and remote care) to support the changing patient engagement models and to enhance operational efficiency

Over the past three years, the majority of hospitals have made at least basic investments in a wide range of digital health tools, but more significant recent investments have been concentrated in telehealth, interoperability and engagement tools; at least 30% of hospital executives indicated significant investment in each of these areas (see Figure 8).

**Figure 8**

Hospital/health system digital health investments in the past 3 years



\*Survey question: In which of the following areas has your [hospital/health system] made digital health investments in the past 3 years?

\*\*Respondents who answered "I don't know" were included in N above but excluded from the analysis (5-14 respondents per investment type)  
 Source: L.E.K. 2022 U.S. Hospital Study Survey

These investments help support both the operational efficiency and strategic priorities of hospitals as they navigate the various challenges of emerging from the COVID-19 pandemic:

- **Telehealth.** Multiple drivers in the wider healthcare ecosystem are incentivizing hospitals to invest in telehealth capabilities. Virtual care delivery was accelerated by shifting patient engagement models during COVID-19. Since then, patients have adapted to and appreciated the convenience and benefits of telehealth. At a practical level, telehealth is a cost-effective supplement or alternative to in-person care for hospitals that helps increase patient access to quality care and can help alleviate and/or load balance staff shortages.

The Centers for Medicare & Medicaid Services (CMS) has also expressed confidence in the durability of telehealth care by extending the inclusion of

telehealth services in the CMS fee schedule through Dec. 31, 2023.<sup>4</sup> With increasing support from payers, it is not surprising to see more health systems investing in telehealth.

- **Interoperability.** Interoperability of IT systems within hospitals and across care settings continues to be a considerable challenge and a driver of investment in IT infrastructure. Prior to the pandemic, fewer than 40% of hospitals reported the ability to very successfully exchange data with other health systems.<sup>5</sup>

As hospitals continue to grapple with increasing volumes of patient data from electronic medical records (EMRs), medical devices and even personal health devices, they are concentrating investment in systems and solutions that help translate, organize and extract meaningful insights from the growing amount of data in the healthcare system.

- **Digital patient engagement tools.** As the ubiquity of the digitally savvy patient (i.e., one who primarily looks online for healthcare information about diagnoses and available treatments) continues to increase, hospitals continue to focus investments on patient engagement tools. For example, patient portals and tools that enable same-day scheduling help improve a patient's experience and win patients in increasingly competitive local markets, increasing overall patient satisfaction and enabling more timely care.

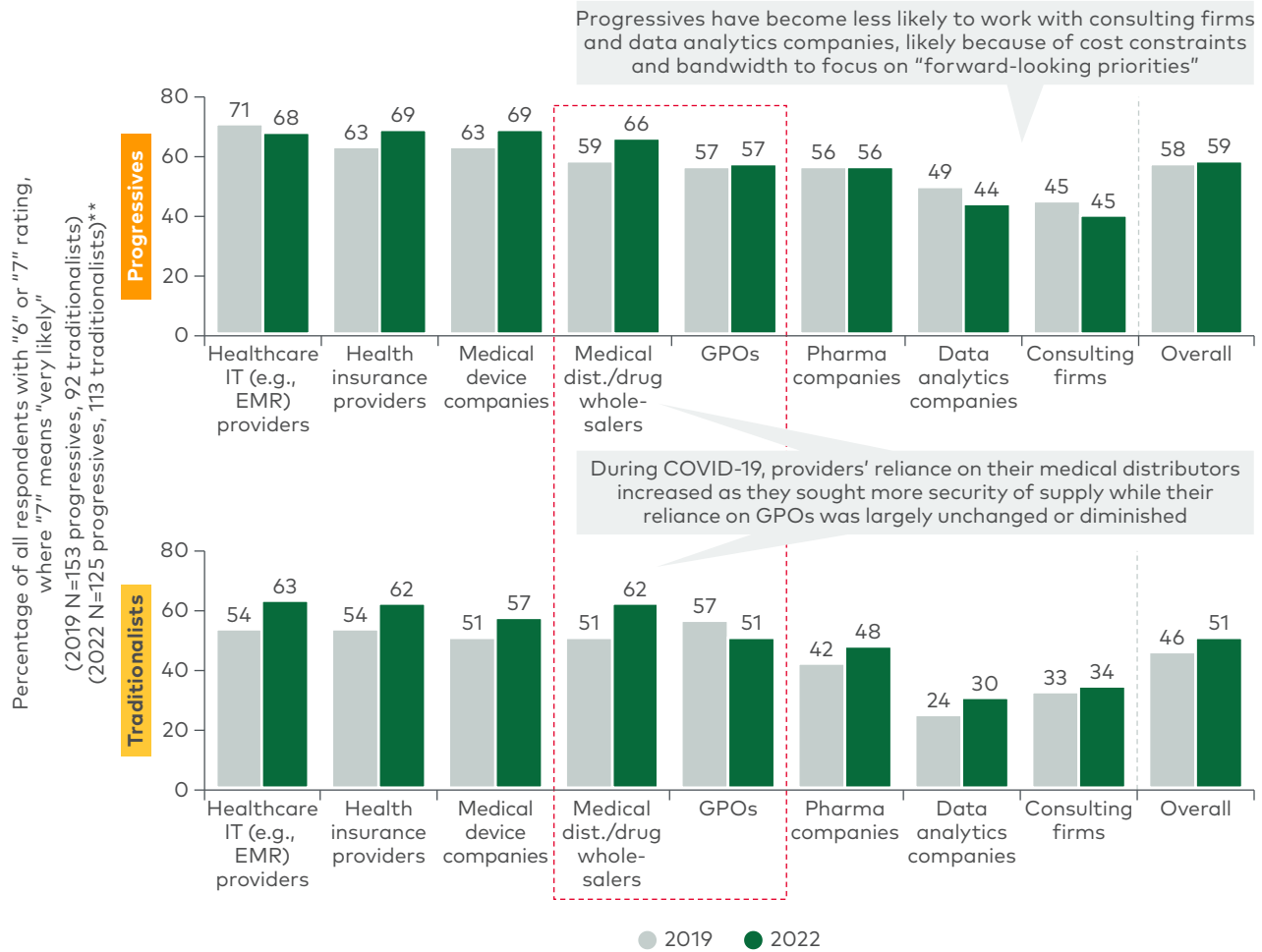
Digital tools also enhance the operational productivity of hospitals, digitizing and speeding up communications with the healthcare system's primary customer, the patient. In the future, hospitals should anticipate digital solutions to maximize the patient experience (e.g., consolidating lab/clinical data, referrals and clinical guidance in a single tool). Such investments will be welcome developments for improving health outcomes.

## 6. The emphasis on leveraging support from supplier partners increases as hospitals navigate the challenges listed above

In the aftermath of a pandemic, combined with increasing operational and economic pressures, hospitals are turning to their suppliers for support as much as ever. Progressives have retained and traditionalist hospitals have increased their propensity to work with outside service providers relative to 2019 (see Figure 9).

**Figure 9**

Likelihood of working with an outside provider by type\*



\*Survey question: In general, how likely is your [hospital/health system] to work with each of the following outside service providers/partners in the next 12 months? Scale: 1-7, where "1" means "not at all likely" and "7" means "very likely"

\*\*Respondents who answered "I don't know" were included in N above but excluded from the analysis (e.g., 0-1 progressives and 1-3 traditionalists per provider type in 2022)

Note: EMR=electronic medical record; GPO=group purchasing organization; IT=information technology

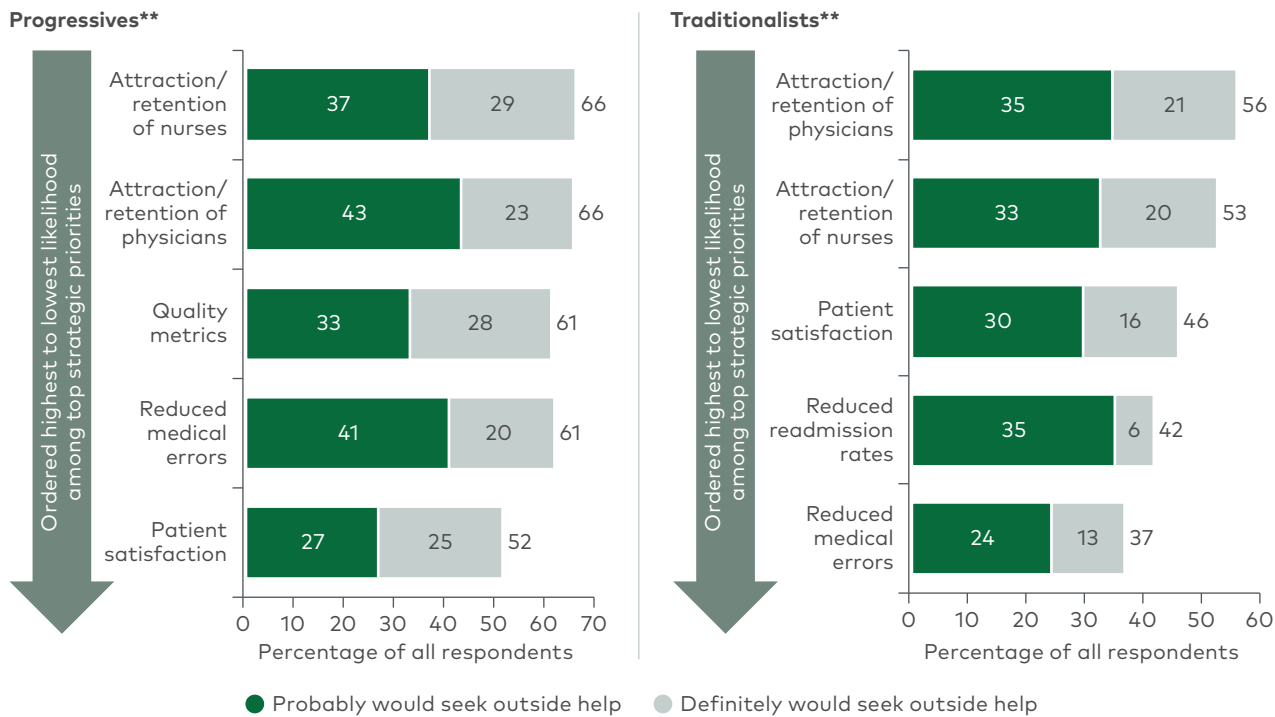
Source: L.E.K. 2019 and 2022 U.S. Hospital Study Surveys

Historically, progressives have taken the lead in pursuing third-party partners for a variety of services, with on average nearly 60% reporting moderate to high likelihood to work with outsourced providers, and with meaningful increases reported for medtechs, distributors and wholesalers. Traditionalists are responding to the current challenges by following suit. They have increased their overall reported willingness to work with third-party service providers, from ~45% in 2019 to ~50% in 2022 reporting

moderate to high likelihood on average, with significant increases in medical device companies, healthcare IT providers and data analytics companies.

At least half of hospital executives surveyed are also willing to work with outside service providers for their most important staffing and quality-of-care strategic priorities (see Figure 10). In addition, the acute challenges of expanding telehealth have caused a significant increase in engagement with partners around both core telehealth infrastructure and wraparound digital health capabilities (e.g., patient engagement, remote patient monitoring (analytics, artificial intelligence solutions)). Overall, the continuing financial and capability challenges that exist in today's healthcare system have caused hospitals to increase their willingness to outsource across a variety of areas.

**Figure 10**  
Likelihood to work with outside service providers for most important strategic priorities\*



\*Survey question: With respect to addressing your [hospital/health system's] urgent needs, how likely are you to work with outside service providers/partners?

\*\*Progressives: Only respondents who consider the priority at least a 4 out of 7 in importance, where "7" is "very important," were asked the question (N=118-124)

\*\*Traditionalists: Only respondents who consider the priority at least a 4 out of 7 in importance, where "7" is "very important," were asked the question (N=106-111)

\*\*Respondents who answered "I don't know" were included in N above but excluded from the analysis (0-1 respondent per priority)

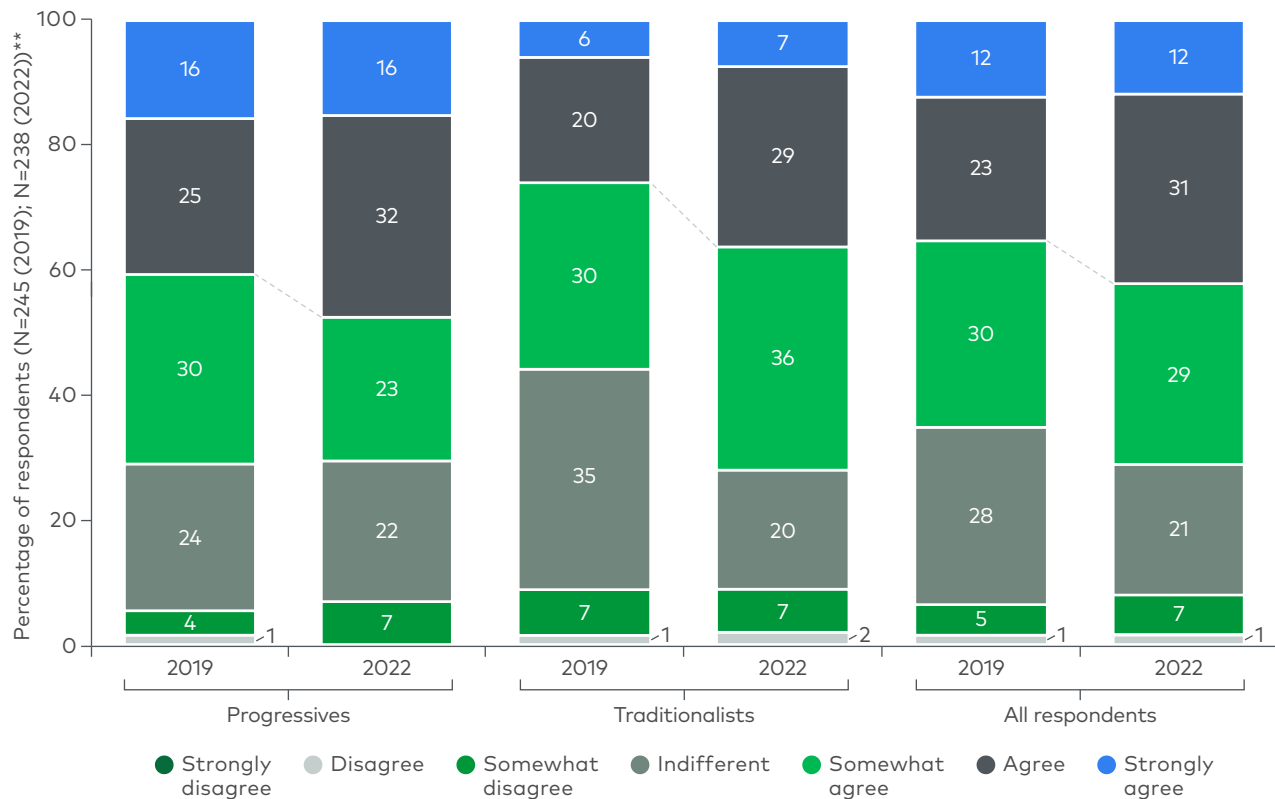
Source: L.E.K. 2022 U.S. Hospital Study Survey

Furthermore, in a sign of the increasing sophistication of health systems and the growing abilities of healthcare suppliers, hospitals are viewing their suppliers (e.g., medtechs, distributors) as strategic partners as much as ever. A greater proportion of respondents agree that medtechs provide valuable services, solutions and support beyond their products now than in 2019 (see Figure 11). Respondents across the spectrum report seeing the most value in equipment service, support, managed services and product acquisition/supply chain management. Progressives see significantly more value in services for clinical IT and clinical and nonclinical analytics, suggesting that progressives are ahead of traditionalists in collecting and leveraging both clinical and nonclinical data.

**Figure 11**

Perspectives on value that medtechs provide beyond products

**Hospital agreement or disagreement that medtechs can provide valuable services, solutions and support beyond their products\* (2019, 2022)**



\*Survey question Please indicate the extent to which you agree or disagree with the following statements regarding your [hospital/health system's] relationship with its medtech suppliers: medtechs can provide valuable services, solutions and support beyond their products

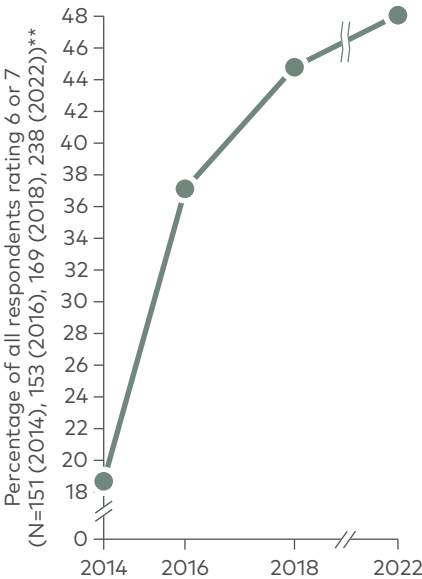
\*\*Respondents who answered "I don't know" were included in N above but excluded from the analysis (9 respondents in total)

Source: L.E.K. 2019 and 2022 U.S. Hospital Study Surveys

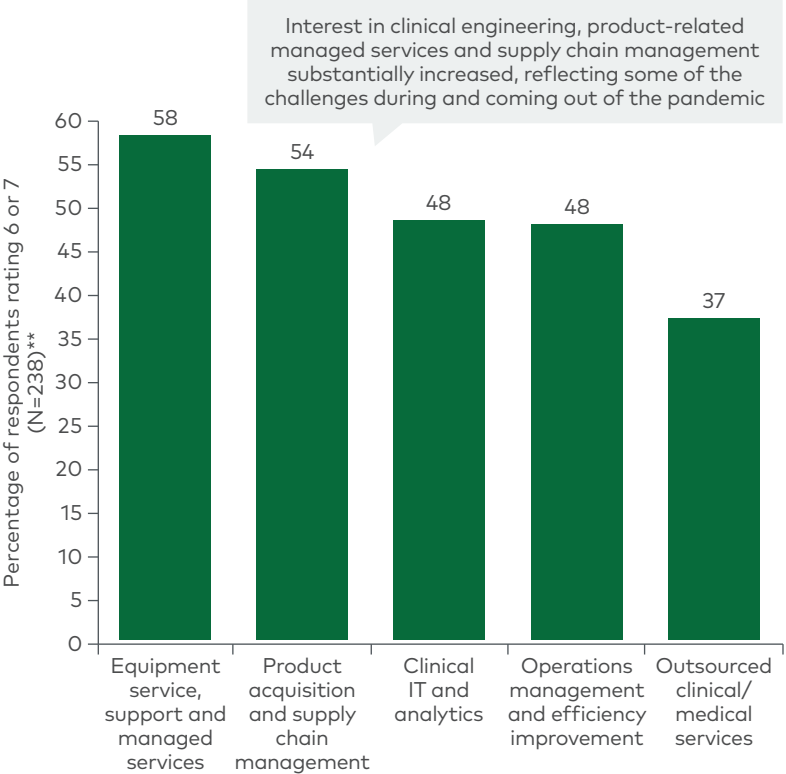
This perceived value of medtech service offerings has been steadily increasing since 2014 and remained as high as ever in 2022, pointing to the importance of medtech-provided services during the pandemic (see Figure 12). Hospital executives across the board now view their relationships with medtechs and other suppliers in a wider context and are looking for opportunities to leverage their support as they traverse the uncertainties of the current state of healthcare and the broader economy.

**Figure 12**  
Value of medtech service offerings

**Value of services that medtech and other medical suppliers could provide\*\* (2014-2022)**



**Value of individual medtech and other medical suppliers' service offerings\* (2022)**



\*Survey question: How valuable are each of the following services that medtech and other medical suppliers could provide to your [hospital/health system]? Scale: 1-7, where "1" means "not at all valuable" and "7" means "very valuable"

\*\*Respondents who answered "I don't know" were included in N above but excluded from the analysis (7-9 respondents per service offering)

^Answers represent an average of responses to several individual services

Source: L.E.K. 2014-2022 U.S. Hospital Study Surveys

# Conclusion

L.E.K.'s 2022 U.S. Hospital Study sheds light on how hospital and health system executives are responding to the emerging post-pandemic world and their outlook for the near-term future as they continue to steer through challenging times.

Hospitals' strategic priorities reflect the need to continue to execute on traditional revenue-maximizing activities (e.g., increasing patient satisfaction, reducing readmission rates, minimizing medical errors) while also addressing immediate concerns related to staffing shortages and inflation. Hospitals are considering additional revenue sources, such as in pharmacy benefit. Beyond the immediate financial challenges, hospitals are beginning a long-term reorientation of their supply chains toward a more strategically oriented function that achieves better resiliency and enterprise risk management.

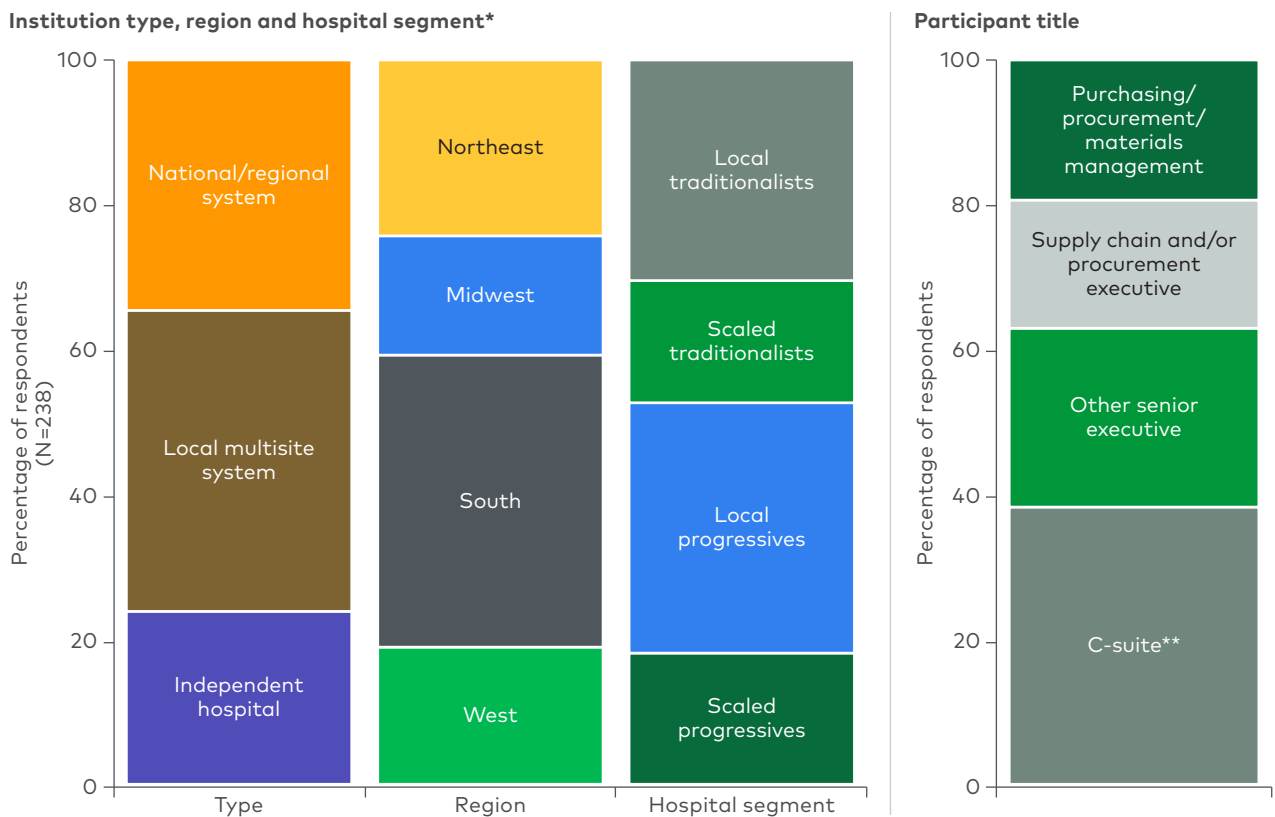
Despite the high-cost and inflationary environment, hospitals with strong balance sheets are continuing inorganic growth endeavors and anticipate acquisitions in both acute and non-acute care settings. Organic footprint expansion also remains a high priority, especially into non-acute facilities. With digital health a growing part of the care continuum, hospitals anticipate increased spending on new IT infrastructure and wraparound services for the next three years.

Finally, to support all of their needs in a more cost-effective manner, hospitals are increasing their utilization of outsourced service providers and strategic suppliers. Overall, our 2022 hospital study affirms that the cascading effects of the pandemic will continue to shape hospital/health system priorities for at least the next several years and that providers will look to their suppliers for greater support.

# Appendix: Background and methodology

Each year, L.E.K. combines expertise and experience across the healthcare industry to create its U.S. Hospital Study, an internet survey of ~250 hospital decision-makers that generates actionable insights for healthcare stakeholders (see Figure 13). Over

**Figure 13**  
Respondent mix in L.E.K. study (2022) (N=238)



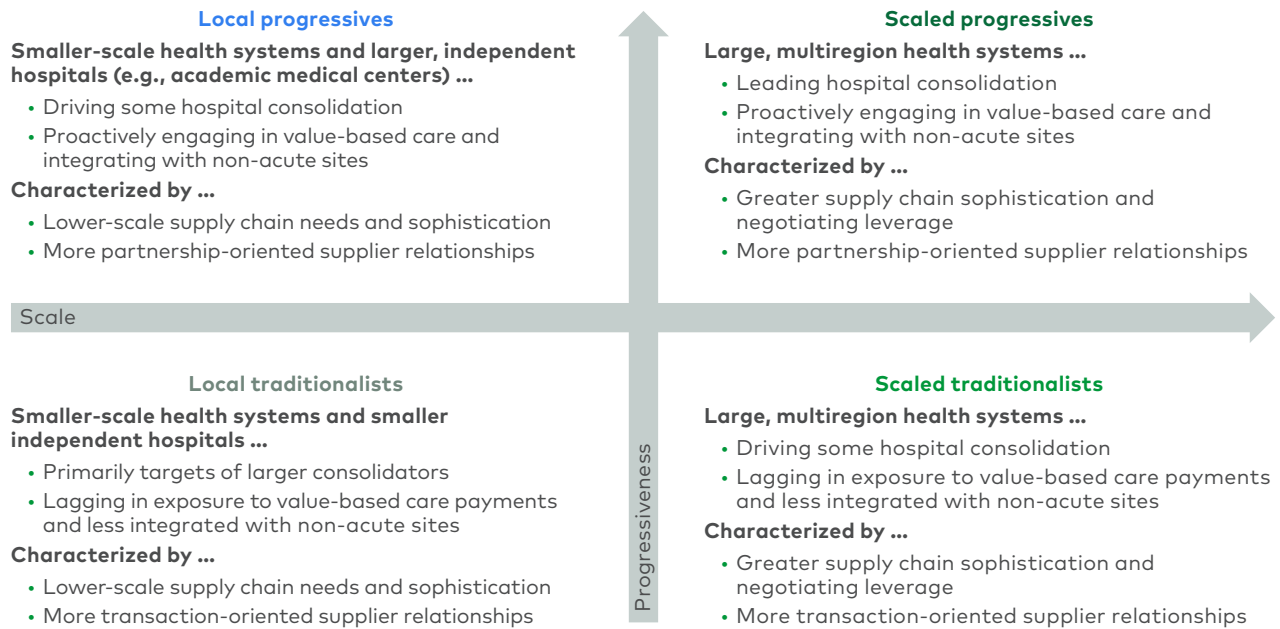
\*Independent hospital: not part of a system; Local multisite system; hospital system operating in several sites but fewer than 4 metropolitan areas within 1 state; Regional system: hospital system operating in 4 or more metropolitan areas within 1 state or in 2-14 states; National system: hospital system operating in 15 or more states  
\*\*C-suite includes CEO, CFO, COO, CMO, CNO, CNE; Other senior executive includes CAO, CSO, CIO, CTO, CPO, SVP of BD, department head, other senior medical executives  
Source: L.E.K. 2022 U.S. Hospital Study Survey

the past decade, distinct health system and hospital provider behavioral segments emerged in response to market pressures. L.E.K. has created a tool that conducts in-depth analysis enabling segmentation of hospitals based on behavior and market

performance. Our hospital survey data is classified this way to better understand performance of certain hospital or health system segments (see Figure 14).

**Figure 14**

L.E.K. segmentation of health systems



Source: L.E.K. research and analysis

## Endnotes

<sup>1</sup>Best Upon Request website, March 16, 2022

<sup>2</sup>Nursing Solutions Inc, National Healthcare Retention & RN Staffing Report, 2019

<sup>3</sup>American Hospital Association (AHA), "[Hospital Workforce Shortage Crisis Demands Immediate Action](#)," Jan. 27, 2022

<sup>4</sup>AHA, [Financial Effects of COVID-19: Hospital Outlook for the Remainder of 2021](#), September 2021

<sup>5</sup>CMS, [Calendar Year \(CY\) 2022 Medicare Physician Fee Schedule Final Rule](#), Nov. 2, 2021

<sup>6</sup>Center for Connected Medicine, [Improving Health Care Interoperability: Are We Making Progress?](#)

## About the Authors



### **Jonas Funk**

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Jonas Funk is a Managing Director in L.E.K. Consulting's Chicago office and is global co-head of the firm's Healthcare sector. Jonas has more than two decades of experience at L.E.K. and has directed hundreds of consulting engagements, primarily focused on growth strategy and support for mergers and acquisitions within medtech and life sciences. He co-founded the L.E.K. Tokyo office and has assisted dozens of clients in developing their Asian market strategies.



### **Monish Rajpal**

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Monish Rajpal is a Managing Director in L.E.K. Consulting's New York office. Monish joined the firm in 2008 and leads its Medtech practice. His client work focuses on biopharmaceuticals, life sciences, medtech/medical devices, healthcare services, and the emerging overlap and convergence among these various sectors.



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